

FIRST REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
CONFERENCE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 50

99TH GENERAL ASSEMBLY

2017

0419S.05T

AN ACT

To repeal sections 190.241, 191.332, 197.040, 197.050, 197.070, 197.071, 197.080, 197.100, 332.081, 334.036, and 345.051, RSMo, and to enact in lieu thereof sixteen new sections relating to health care, with an effective date for certain sections.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 190.241, 191.332, 197.040, 197.050, 197.070, 197.071, 197.080, 197.100, 332.081, 334.036, and 345.051, RSMo, are repealed and sixteen new sections enacted in lieu thereof, to be known as sections 190.241, 190.242, 191.332, 192.380, 192.500, 194.600, 197.005, 197.040, 197.050, 197.070, 197.071, 197.080, 197.100, 332.081, 334.036, and 345.051, to read as follows:

190.241. 1. The department shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a hospital, upon proper application submitted by the hospital and site review, has been found by the department to meet the applicable level of trauma center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. **Such rules shall include designation as a trauma center without site review if such hospital is verified by a national verifying or designating body at the level which corresponds to a level approved in rule.**

2. Except as provided for in subsection [4] 5 of this section, the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

13 department to meet the applicable level of STEMI or stroke center criteria for
14 designation in accordance with rules adopted by the department as prescribed by
15 section 190.185. In developing STEMI center and stroke center designation
16 criteria, the department shall use, as it deems practicable, appropriate peer-
17 reviewed or evidence-based research on such topics including, but not limited to,
18 the most recent guidelines of the American College of Cardiology and American
19 Heart Association for STEMI centers, or the Joint Commission's Primary Stroke
20 Center Certification program criteria for stroke centers, or Primary and
21 Comprehensive Stroke Center Recommendations as published by the American
22 Stroke Association. **Such rules shall include designation as a STEMI**
23 **center without site review if such hospital is certified by a national**
24 **body.**

25 3. The department of health and senior services shall, not less than once
26 every five years, conduct an on-site review of every trauma, STEMI, and stroke
27 center through appropriate department personnel or a qualified contractor, with
28 the exception of stroke centers designated pursuant to subsection [4] 5 of this
29 section; however, this provision is not intended to limit the department's ability
30 to conduct a complaint investigation pursuant to subdivision (3) of subsection 2
31 of section 197.080 of any trauma, STEMI, or stroke center. On-site reviews shall
32 be coordinated for the different types of centers to the extent practicable with
33 hospital licensure inspections conducted under chapter 197. No person shall be
34 a qualified contractor for purposes of this subsection who has a substantial
35 conflict of interest in the operation of any trauma, STEMI, or stroke center under
36 review. The department may deny, place on probation, suspend or revoke such
37 designation in any case in which it has reasonable cause to believe that there has
38 been a substantial failure to comply with the provisions of this chapter or any
39 rules or regulations promulgated pursuant to this chapter. If the department of
40 health and senior services has reasonable cause to believe that a hospital is not
41 in compliance with such provisions or regulations, it may conduct additional
42 announced or unannounced site reviews of the hospital to verify compliance. If
43 a trauma, STEMI, or stroke center fails two consecutive on-site reviews because
44 of substantial noncompliance with standards prescribed by sections 190.001 to
45 190.245 or rules adopted by the department pursuant to sections 190.001 to
46 190.245, its center designation shall be revoked.

47 4. **Instead of applying for STEMI center designation under**
48 **subsection 2 of this section, a hospital may apply for STEMI center**
49 **designation under this subsection. Upon receipt of an application from**

50 a hospital on a form prescribed by the department, the department
51 shall designate such hospital:

52 (1) A level I STEMI center if such hospital has been certified as
53 a Joint Commission comprehensive cardiac center or another
54 department-approved nationally-recognized organization that provides
55 comparable STEMI center accreditation; or

56 (2) A level II STEMI center if such hospital has been accredited
57 as a Mission: Lifeline STEMI receiving center by the American Heart
58 Association accreditation process or another department-approved
59 nationally-recognized organization that provides STEMI receiving
60 center accreditation.

61 5. Instead of applying for stroke center designation pursuant to the
62 provisions of subsection 2 of this section, a hospital may apply for stroke center
63 designation pursuant to this subsection. Upon receipt of an application from a
64 hospital on a form prescribed by the department, the department shall designate
65 such hospital:

66 (1) A level I stroke center if such hospital has been certified as a
67 comprehensive stroke center by the Joint Commission or any other certifying
68 organization designated by the department when such certification is in
69 accordance with the American Heart Association/American Stroke Association
70 guidelines;

71 (2) A level II stroke center if such hospital has been certified as a primary
72 stroke center by the Joint Commission or any other certifying organization
73 designated by the department when such certification is in accordance with the
74 American Heart Association/American Stroke Association guidelines; or

75 (3) A level III stroke center if such hospital has been certified as an acute
76 stroke-ready hospital by the Joint Commission or any other certifying
77 organization designated by the department when such certification is in
78 accordance with the American Heart Association/American Stroke Association
79 guidelines.

80 Except as provided by subsection [5] 6 of this section, the department shall not
81 require compliance with any additional standards for establishing or renewing
82 stroke designations. The designation shall continue if such hospital remains
83 certified. The department may remove a hospital's designation as a stroke center
84 if the hospital requests removal of the designation or the department determines
85 that the certificate recognizing the hospital as a stroke center has been suspended
86 or revoked. Any decision made by the department to withdraw its designation of

87 a stroke center pursuant to this subsection that is based on the revocation or
88 suspension of a certification by a certifying organization shall not be subject to
89 judicial review. The department shall report to the certifying organization any
90 complaint it receives related to the stroke center certification of a stroke center
91 designated pursuant to this subsection. The department shall also advise the
92 complainant which organization certified the stroke center and provide the
93 necessary contact information should the complainant wish to pursue a complaint
94 with the certifying organization.

95 [5.] 6. Any hospital receiving designation as a stroke center pursuant to
96 subsection [4] 5 of this section shall:

97 (1) Annually and within thirty days of any changes submit to the
98 department proof of stroke certification and the names and contact information
99 of the medical director and the program manager of the stroke center;

100 (2) Submit to the department a copy of the certifying organization's final
101 stroke certification survey results within thirty days of receiving such results;

102 (3) Submit every four years an application on a form prescribed by the
103 department for stroke center review and designation;

104 (4) Participate in the emergency medical services regional system of
105 stroke care in its respective emergency medical services region as defined in rules
106 promulgated by the department;

107 (5) Participate in local and regional emergency medical services systems
108 by reviewing and sharing outcome data and providing training and clinical
109 educational resources.

110 Any hospital receiving designation as a level III stroke center pursuant to
111 subsection [4] 5 of this section shall have a formal agreement with a level I or
112 level II stroke center for physician consultative services for evaluation of stroke
113 patients for thrombolytic therapy and the care of the patient post-thrombolytic
114 therapy.

115 [6.] 7. Hospitals designated as a STEMI or stroke center by the
116 department, including those designated pursuant to subsection [4] 5 of this
117 section, shall submit data to meet the data submission requirements specified by
118 rules promulgated by the department. Such submission of data may be done by
119 the following methods:

120 (1) Entering hospital data directly into a state registry by direct data
121 entry;

122 (2) Downloading hospital data from a nationally recognized registry or
123 data bank and importing the data files into a state registry; or

124 (3) Authorizing a nationally recognized registry or data bank to disclose
125 or grant access to the department facility-specific data held by the registry or
126 data bank.

127 A hospital submitting data pursuant to subdivision (2) or (3) of this subsection
128 shall not be required to collect and submit any additional STEMI or stroke center
129 data elements.

130 [7.] 8. When collecting and analyzing data pursuant to the provisions of
131 this section, the department shall comply with the following requirements:

132 (1) Names of any health care professionals, as defined in section 376.1350,
133 shall not be subject to disclosure;

134 (2) The data shall not be disclosed in a manner that permits the
135 identification of an individual patient or encounter;

136 (3) The data shall be used for the evaluation and improvement of hospital
137 and emergency medical services' trauma, stroke, and STEMI care;

138 (4) The data collection system shall be capable of accepting file transfers
139 of data entered into any national recognized trauma, stroke, or STEMI registry
140 or data bank to fulfill trauma, stroke, or STEMI certification reporting
141 requirements; **and**

142 (5) STEMI and stroke center data elements shall conform to nationally
143 recognized performance measures, such as the American Heart Association's Get
144 With the Guidelines, and include published detailed measure specifications, data
145 coding instructions, and patient population inclusion and exclusion criteria to
146 ensure data reliability and validity]; and

147 (6) Generate from the trauma, stroke, and STEMI registries quarterly
148 regional and state outcome data reports for trauma, stroke, and STEMI
149 designated centers, the state advisory council on EMS, and regional EMS
150 committees to review for performance improvement and patient safety].

151 [8.] 9. The board of registration for the healing arts shall have sole
152 authority to establish education requirements for physicians who practice in an
153 emergency department of a facility designated as a trauma, STEMI, or stroke
154 center by the department under this section. The department shall deem such
155 education requirements promulgated by the board of registration for the healing
156 arts sufficient to meet the standards for designations under this section.

157 [9.] 10. The department of health and senior services may establish
158 appropriate fees to offset the costs of trauma, STEMI, and stroke center reviews.

159 [10.] 11. No hospital shall hold itself out to the public as a STEMI
160 center, stroke center, adult trauma center, pediatric trauma center, or an adult

161 and pediatric trauma center unless it is designated as such by the department of
162 health and senior services.

163 [11.] **12.** Any person aggrieved by an action of the department of health
164 and senior services affecting the trauma, STEMI, or stroke center designation
165 pursuant to this chapter, including the revocation, the suspension, or the
166 granting of, refusal to grant, or failure to renew a designation, may seek a
167 determination thereon by the administrative hearing commission under chapter
168 621. It shall not be a condition to such determination that the person aggrieved
169 seek a reconsideration, a rehearing, or exhaust any other procedure within the
170 department.

**190.242. 1. In order to ensure that hospitals can be free from
2 excessive regulation that increases health care costs without increasing
3 patient safety, any rules and regulations promulgated by the
4 department of health and senior services under sections 190.185,
5 190.241, or 192.006; chapter 197; or any other provision of Missouri law
6 shall not require hospitals, as a condition of designation under section
7 190.241, to obtain emergency medical services data under section
8 190.241, unless such data may be obtained from the state database for
9 emergency medical services. The provisions of this subsection shall not
10 be construed to limit in any way the requirements of any person or
11 entity to submit emergency medical services data to any person or
12 entity.**

13 **2. A hospital shall not be required to comply with an
14 interpretation of a specific provision in any regulation concerning
15 trauma, STEMI, or stroke centers if such hospital can demonstrate that
16 the specific provision in the regulation has been interpreted differently
17 for a similarly-situated hospital. The department may require
18 compliance if the specific provision in the regulation has been
19 subsequently interpreted consistently for similarly-situated hospitals.**

20 **3. The department shall attend meetings with trauma, STEMI,
21 and stroke centers for the benefit of improved communication, best-
22 practice identification, and facilitation of improvements to the
23 designation process.**

24 **4. As used in this section, the term "hospital" shall have the same
25 meaning as in section 197.020.**

191.332. 1. By January 1, 2002, the department of health and senior
2 services shall, subject to appropriations, expand the newborn screening

3 requirements in section 191.331 to include potentially treatable or manageable
4 disorders, which may include but are not limited to cystic fibrosis, galactosemia,
5 biotinidase deficiency, congenital adrenal hyperplasia, maple syrup urine disease
6 (MSUD) and other amino acid disorders, glucose-6-phosphate dehydrogenase
7 deficiency (G-6-PD), MCAD and other fatty acid oxidation disorders,
8 methylmalonic acidemia, propionic acidemia, isovaleric acidemia and glutaric
9 acidemia Type I.

10 2. By January 1, 2017, the department of health and senior services shall,
11 subject to appropriations, expand the newborn screening requirements in section
12 191.331 to include severe combined immunodeficiency (SCID), also known as
13 bubble boy disease. The department may increase the fee authorized under
14 subsection 6 of section 191.331 to cover any additional costs of the expanded
15 newborn screening requirements under this subsection.

16 **3. By January 1, 2019, the department of health and senior**
17 **services shall, subject to appropriations, expand the newborn screening**
18 **requirements in section 191.331 to include spinal muscular atrophy**
19 **(SMA) and Hunter syndrome (MPS II). The department may increase**
20 **the fee authorized under subsection 6 of section 191.331 to cover any**
21 **additional costs of the expanded newborn screening requirements**
22 **under this subsection. To help fund initial costs incurred by the state,**
23 **the department shall apply for available newborn screening grant**
24 **funding specific to screening for spinal muscular atrophy and Hunter**
25 **syndrome. The department shall have discretion in accepting the terms**
26 **of such grants.**

27 4. The department of health and senior services may promulgate rules to
28 implement the provisions of this section. No rule or portion of a rule promulgated
29 pursuant to the authority of this section shall become effective unless it has been
30 promulgated pursuant to chapter 536.

192.380. 1. For purposes of this section, the following terms shall
2 **mean:**

3 **(1) "Birthing facility", any hospital as defined under section**
4 **197.020 with more than one licensed obstetric bed or a neonatal**
5 **intensive care unit, a hospital operated by a state university, or a**
6 **birthing center licensed under sections 197.200 to 197.240;**

7 **(2) "Department", the department of health and senior services.**

8 **2. After holding multiple public hearings in diverse geographic**
9 **regions of the state and seeking broad public and stakeholder input,**

10 the department shall establish criteria for levels of maternal care
11 designations and levels of neonatal care designations for birthing
12 facilities. The levels developed under this section shall be based upon:

13 (1) The most current published version of the "Levels of Neonatal
14 Care" developed by the American Academy of Pediatrics;

15 (2) The most current published version of the "Levels of Maternal
16 Care" developed by the American Congress of Obstetricians and
17 Gynecologists and the Society for Maternal-Fetal Medicine; and

18 (3) Necessary variance when considering the geographic and
19 varied needs of citizens of this state.

20 3. Nothing in this section shall be construed in any way to
21 modify or expand the licensure of any health care professional.

22 4. Nothing in this section shall be construed in any way to
23 require a patient be transferred to a different facility.

24 5. The department shall promulgate rules to implement the
25 provisions of this section no later than January 1, 2018. Such rules
26 shall be limited to those necessary for the establishment of levels of
27 neonatal care designations and levels of maternal care designations for
28 birthing facilities under subsection 2 of this section. Any rule or
29 portion of a rule, as that term is defined in section 536.010, that is
30 created under the authority delegated in this section shall become
31 effective only if it complies with and is subject to all of the provisions
32 of chapter 536 and, if applicable, section 536.028. This section and
33 chapter 536 are nonseverable, and if any of the powers vested with the
34 general assembly pursuant to chapter 536 to review, to delay the
35 effective date, or to disapprove and annul a rule are subsequently held
36 unconstitutional, then the grant of rulemaking authority and any rule
37 proposed or adopted after August 28, 2017, shall be invalid and void.

38 6. Beginning January 1, 2019, any hospital with a birthing
39 facility shall report to the department its appropriate level of maternal
40 care designation and neonatal care designation as determined by the
41 criteria outlined under subsection 2 of this section.

42 7. Beginning January 1, 2019, any hospital with a birthing
43 facility operated by a state university shall report to the department its
44 appropriate level of maternal care designation and neonatal care
45 designation as determined by the criteria outlined under subsection 2
46 of this section.

47 8. The department may partner with appropriate nationally-
48 recognized professional organizations with demonstrated expertise in
49 maternal and neonatal standards of care to administer the provisions
50 of this section.

51 9. The criteria for levels of maternal and neonatal care
52 developed under subsection 2 of this section shall not include
53 pregnancy termination or counseling or referral for pregnancy
54 termination.

 192.500. 1. For purposes of this section, the following terms shall
2 mean:

3 (1) "Cone beam computed tomography system", a medical imaging
4 device using x-ray computed tomography to capture data using a cone-
5 shaped x-ray beam;

6 (2) "Panoramic x-ray system", an imaging device that captures
7 the entire mouth in a single, two-dimensional image including the
8 teeth, upper and lower jaws, and surrounding structures and tissues.

9 2. Cone beam computed tomography systems and panoramic x-
10 ray systems that cannot produce radiation intensity greater than thirty
11 milligrays shall not be required to be inspected more frequently than
12 every three years.

13 3. Cone beam computed tomography systems that can produce
14 radiation intensity of greater than thirty milligrays shall be inspected
15 annually.

16 4. In addition to the requirements of subsections 2 and 3 of this
17 section, all cone beam computed tomography systems and panoramic
18 x-ray systems shall be inspected within thirty days of installation and
19 whenever moved within an office.

20 5. Notwithstanding any law to the contrary, inspections of
21 conventional x-ray equipment used exclusively on animals by a licensed
22 veterinarian or veterinary facility under chapter 340 shall not be
23 required to be inspected more frequently than every four years.

 194.600. 1. As used in this section, the following terms mean:

2 (1) "Adult", an individual who is eighteen years of age or older;

3 (2) "Advance health care directive", a power of attorney for
4 health care or a declaration signed or authorized by an adult,
5 containing the person's direction concerning a health care decision;

6 (3) "Declaration", a record, including but not limited to a living

7 will or a do-not-resuscitate order, signed by an adult specifying the
8 circumstances under which a life support system may be withheld or
9 withdrawn;

10 (4) "Department", the department of health and senior services;

11 (5) "Health care decision", any decision regarding the health care
12 of the person;

13 (6) "Intake point", any licensed health care provider or licensed
14 attorney.

15 2. The department shall issue a request for proposal and contract
16 with a third party for the establishment of a secure online central
17 registry for individuals to be known as the "Advance Health Care
18 Directives Registry" to store advance health care directives and to give
19 authorized health care providers access to such directives.

20 3. An adult declarant may submit an advance health care
21 directive or declaration and the revocations of such documents to the
22 registry established under subsection 2 of this section.

23 4. Any document and any revocation of a document submitted for
24 filing in the registry shall be submitted electronically at an intake
25 point and signed electronically with a unique identifier, such as a
26 social security number, a driver's license number, or another unique
27 government-issued identifier. The electronic submission of the
28 document shall be accompanied by a fee not to exceed ten dollars.

29 5. All data and information contained in the registry shall
30 remain confidential and shall be exempt from the provisions of chapter
31 610.

32 6. The third party awarded a contract pursuant to subsection 2
33 of this section shall be solely responsible for all issues applicable to the
34 registry, including, but not limited to, the development and operation
35 of the registry; educating the general public, licensed health care
36 providers, and legal professionals about the registry; responding to
37 questions; providing technical assistance to users; and collection of
38 user fees not to exceed ten dollars.

39 7. The department may promulgate rules to carry out the
40 provisions of this section which may include, but not be limited to:

41 (1) A determination of who may access the registry, including
42 physicians, other licensed health care providers, the declarant, and his
43 or her legal representatives or designees; and

44 **(2) A means for the contracting third party to annually remind**
45 **registry users of which documents they have registered.**

46 **8. Any rule or portion of a rule, as that term is defined in section**
47 **536.010 that is created under the authority delegated in this section**
48 **shall become effective only if it complies with and is subject to all of**
49 **the provisions of chapter 536, and, if applicable, section 536.028. This**
50 **section and chapter 536 are nonseverable and if any of the powers**
51 **vested with the general assembly pursuant to chapter 536, to review, to**
52 **delay the effective date, or to disapprove and annul a rule are**
53 **subsequently held unconstitutional, then the grant of rulemaking**
54 **authority and any rule proposed or adopted after August 28, 2017, shall**
55 **be invalid and void.**

56 **9. Failure to register a document with the registry maintained**
57 **under this section shall not affect the document's validity. Failure to**
58 **notify the registry of the revocation of a document previously filed with**
59 **the registry shall not affect the validity of a revocation that meets the**
60 **statutory requirements for such revocation to be valid.**

197.005. 1. As used in this section, the term "Medicare conditions
2 **of participation" shall mean federal regulatory standards established**
3 **under Title XVIII of the Social Security Act and defined in 42 CFR 482,**
4 **as amended, for hospitals and 42 CFR 485, as amended, for hospitals**
5 **designated as critical access hospitals under 42 U.S.C. Section 1395i-4.**

6 **2. To minimize the administrative cost of enforcing and**
7 **complying with duplicative regulatory standards, on and after July 1,**
8 **2018, compliance with Medicare conditions of participation shall be**
9 **deemed to constitute compliance with the standards for hospital**
10 **licensure under sections 197.010 to 197.120 and regulations**
11 **promulgated thereunder.**

12 **3. Nothing in this section shall preclude the department of health**
13 **and senior services from promulgating regulations effective on or after**
14 **July 1, 2018, to define separate regulatory standards that do not**
15 **duplicate or contradict the Medicare conditions of participation, with**
16 **specific state statutory authorization to create separate regulatory**
17 **standards.**

18 **4. Regulations promulgated by the department of health and**
19 **senior services to establish and enforce hospital licensure regulations**
20 **under this chapter that duplicate or conflict with the Medicare**

21 **conditions of participation shall lapse and expire on and after July 1,**
22 **2018.**

197.040. After ninety days from the date this law becomes effective, no
2 person or governmental unit, acting severally or jointly with any other person or
3 governmental unit, shall establish, conduct or maintain a hospital in this state
4 without a license under this law **and section 197.005** issued by the department
5 of health and senior services.

197.050. Application for a license shall be made to the department of
2 health and senior services upon forms provided by it and shall contain such
3 information as the department of health and senior services requires, which may
4 include affirmative evidence of ability to comply with such reasonable standards,
5 rules and regulations as are lawfully prescribed hereunder **in compliance with**
6 **section 197.005**. Until June 30, 1989, each application for a license, except
7 applications from governmental units, shall be accompanied by an annual license
8 fee of two hundred dollars plus two dollars per bed for the first one hundred beds
9 and one dollar per bed for each additional bed. Beginning July 1, 1989, each
10 application for a license, except applications from governmental units, shall be
11 accompanied by an annual license fee of two hundred fifty dollars plus three
12 dollars per bed for the first four hundred beds and two dollars per bed for each
13 additional bed. All license fees shall be paid to the director of revenue and
14 deposited in the state treasury to the credit of the general revenue fund.

197.070. The department of health and senior services may deny, suspend
2 or revoke a license in any case in which it finds that there has been a substantial
3 failure to comply with the requirements established under this law **and section**
4 **197.005**.

197.071. Any person aggrieved by an official action of the department of
2 health and senior services affecting the licensed status of a person under the
3 provisions of sections [197.010] **197.005** to 197.120, including the refusal to
4 grant, the grant, the revocation, the suspension, or the failure to renew a license,
5 may seek a determination thereon by the administrative hearing commission
6 pursuant to the provisions of section 621.045, and it shall not be a condition to
7 such determination that the person aggrieved seek a reconsideration, a rehearing,
8 or exhaust any other procedure within the department of health and senior
9 services.

197.080. 1. The department of health and senior services, with the advice
2 of the state advisory council and pursuant to the provisions of this section,
3 **section 197.005**, and chapter 536, shall adopt, amend, promulgate and enforce

4 such rules, regulations and standards with respect to all hospitals or different
5 types of hospitals to be licensed hereunder as may be designed to further the
6 accomplishment of the purposes of this law in promoting safe and adequate
7 treatment of individuals in hospitals in the interest of public health, safety and
8 welfare. No rule or portion of a rule promulgated under the authority of sections
9 197.010 to 197.280 shall become effective unless it has been promulgated
10 pursuant to the provisions of section 536.024.

11 2. The department shall review and revise regulations governing hospital
12 licensure and enforcement to promote hospital and regulatory efficiencies
13 [and]. **The department shall eliminate all** duplicative regulations and
14 inspections by or on behalf of state agencies and the Centers for Medicare and
15 Medicaid Services (CMS). The hospital licensure regulations adopted under this
16 [section] **chapter** shall incorporate standards which shall include, but not be
17 limited to, the following:

18 (1) Each citation or finding of a regulatory deficiency shall refer to the
19 specific written regulation, any state associated written interpretive guidance
20 developed by the department and any publicly available, professionally recognized
21 standards of care that are the basis of the citation or finding;

22 (2) Subject to appropriations, the department shall ensure that its
23 hospital licensure regulatory standards are consistent with and do not contradict
24 the CMS Conditions of Participation (COP) and associated interpretive
25 guidance. However, this shall not preclude the department from enforcing
26 standards produced by the department which exceed the federal CMS' COP and
27 associated interpretive guidance, so long as such standards produced by the
28 department promote a higher degree of patient safety and do not contradict the
29 federal CMS' COP and associated interpretive guidance;

30 (3) The department shall establish and publish guidelines for complaint
31 investigation, including but not limited to:

32 (a) The department's process for reviewing and determining which
33 complaints warrant an on-site investigation based on a preliminary review of
34 available information from the complainant, other appropriate sources, and when
35 not prohibited by CMS, the hospital. For purposes of providing hospitals with
36 information necessary to improve processes and patient care, the number and
37 nature of complaints filed and the recommended actions by the department and,
38 as appropriate CMS, shall be disclosed upon request to hospitals so long as the
39 otherwise confidential identity of the complainant or the patient for whom the
40 complaint was filed is not disclosed;

41 (b) A departmental investigation of a complaint shall be focused on the
42 specific regulatory standard and departmental written interpretive guidance and
43 publicly available professionally recognized standard of care related to the
44 complaint. During the course of any complaint investigation, the department
45 shall cite any serious and immediate threat discovered that may potentially
46 jeopardize the health and safety of patients;

47 (c) A hospital shall be provided with a report of all complaints made
48 against the hospital. Such report shall include the nature of the complaint, the
49 date of the complaint, the department conclusions regarding the complaint, the
50 number of investigators and days of investigation resulting from each complaint;

51 (4) Hospitals and hospital personnel shall have the opportunity to
52 participate in annual continuing training sessions when such training is provided
53 to state licensure surveyors with prior approval from the department director and
54 CMS when appropriate. Hospitals and hospital personnel shall assume all costs
55 associated with facilitating the training sessions and use of curriculum materials,
56 including but not limited to the location for training, food, and printing costs;

57 (5) Time lines for the department to provide responses to hospitals
58 regarding the status and outcome of pending investigations and regulatory
59 actions and questions about interpretations of regulations shall be identical to,
60 to the extent practicable, the time lines established for the federal hospital
61 certification and enforcement system in the CMS State Operations Manual, as
62 amended. These time lines shall be the guide for the department to
63 follow. Every reasonable attempt shall be made to meet the time lines. However,
64 failure to meet the established time lines shall in no way prevent the department
65 from performing any necessary inspections to ensure the health and safety of
66 patients.

67 3. Any rule or portion of a rule, as that term is defined in section 536.010,
68 that is created under the authority delegated in this section shall become effective
69 only if it complies with and is subject to all of the provisions of chapter 536 and,
70 if applicable, section 536.028. This section and chapter 536 are nonseverable and
71 if any of the powers vested with the general assembly pursuant to chapter 536 to
72 review, to delay the effective date, or to disapprove and annul a rule are
73 subsequently held unconstitutional, then the grant of rulemaking authority and
74 any rule proposed or adopted after August 28, 2013, shall be invalid and void.

197.100. 1. Any provision of chapter 198 and chapter 338 to the contrary
2 notwithstanding, the department of health and senior services shall have sole
3 authority, and responsibility for inspection and licensure of hospitals in this state

4 including, but not limited to, all parts, services, functions, support functions and
5 activities which contribute directly or indirectly to patient care of any kind
6 whatsoever. The department of health and senior services shall annually inspect
7 each licensed hospital and shall make any other inspections and investigations
8 as it deems necessary for good cause shown. The department of health and senior
9 services shall accept reports of hospital inspections from **or on behalf of**
10 governmental agencies, the joint commission, and the American Osteopathic
11 Association Healthcare Facilities Accreditation Program, provided the
12 accreditation inspection was conducted within one year of the date of license
13 renewal. Prior to granting acceptance of any other accrediting organization
14 reports in lieu of the required licensure survey, the accrediting organization's
15 survey process must be deemed appropriate and found to be comparable to the
16 department's licensure survey. It shall be the accrediting organization's
17 responsibility to provide the department any and all information necessary to
18 determine if the accrediting organization's survey process is comparable and fully
19 meets the intent of the licensure regulations. The department of health and
20 senior services shall attempt to schedule inspections and evaluations required by
21 this section so as not to cause a hospital to be subject to more than one inspection
22 in any twelve-month period from the department of health and senior services or
23 any agency or accreditation organization the reports of which are accepted for
24 licensure purposes pursuant to this section, except for good cause shown.

25 2. Other provisions of law to the contrary notwithstanding, the
26 department of health and senior services shall be the only state agency to
27 determine life safety and building codes for hospitals defined or licensed pursuant
28 to the provisions of this chapter, including but not limited to sprinkler systems,
29 smoke detection devices and other fire safety-related matters so long as any new
30 standards shall apply only to new construction.

332.081. 1. **Notwithstanding any other provision of law to the**
2 **contrary, hospitals licensed under chapter 197 shall be authorized to**
3 **employ any or all of the following oral health providers:**

4 **(1) A dentist licensed under this chapter for the purpose of**
5 **treating on hospital premises those patients who present with a dental**
6 **condition and such treatment is necessary to ameliorate the condition**
7 **for which they presented such as severe pain or tooth abscesses;**

8 **(2) An oral and maxillofacial surgeon licensed under this chapter**
9 **for the purpose of treating oral conditions that need to be ameliorated**
10 **as part of treating the underlying cause of the patient's medical needs**

11 **including, but not limited to, head and neck cancer, HIV or AIDS,**
12 **severe trauma resulting in admission to the hospital, organ transplant,**
13 **diabetes, or seizure disorders. It shall be a condition of treatment that**
14 **such patients are admitted to the hospital on either an in- or out-**
15 **patient basis; and**

16 **(3) A maxillofacial prosthodontist licensed under this chapter for**
17 **the purpose of treating and supporting patients of a head and neck**
18 **cancer team or other complex care or surgical team for the fabrication**
19 **of appliances following ablative surgery, surgery to correct birth**
20 **anomalies, extensive radiation treatment of the head or neck, or**
21 **trauma-related surgery.**

22 **2.** No person or other entity shall practice dentistry in Missouri or provide
23 dental services as defined in section 332.071 unless and until the board has
24 issued to the person a certificate certifying that the person has been duly
25 registered as a dentist in Missouri or to an entity that has been duly registered
26 to provide dental services by licensed dentists and dental hygienists and unless
27 and until the board has issued to the person a license, to be renewed each period,
28 as provided in this chapter, to practice dentistry or as a dental hygienist, or has
29 issued to the person or entity a permit, to be renewed each period, to provide
30 dental services in Missouri. Nothing in this chapter shall be so construed as to
31 make it unlawful for:

32 (1) A legally qualified physician or surgeon, who does not practice
33 dentistry as a specialty, from extracting teeth;

34 (2) A dentist licensed in a state other than Missouri from making a
35 clinical demonstration before a meeting of dentists in Missouri;

36 (3) Dental students in any accredited dental school to practice dentistry
37 under the personal direction of instructors;

38 (4) Dental hygiene students in any accredited dental hygiene school to
39 practice dental hygiene under the personal direction of instructors;

40 (5) A duly registered and licensed dental hygienist in Missouri to practice
41 dental hygiene as defined in section 332.091;

42 (6) A dental assistant, certified dental assistant, or expanded functions
43 dental assistant to be delegated duties as defined in section 332.093;

44 (7) A duly registered dentist or dental hygienist to teach in an accredited
45 dental or dental hygiene school;

46 (8) A duly qualified anesthesiologist or nurse anesthetist to administer an
47 anesthetic in connection with dental services or dental surgery; or

48 (9) A person to practice dentistry in or for:
49 (a) The United States Armed Forces;
50 (b) The United States Public Health Service;
51 (c) Migrant, community, or health care for the homeless health centers
52 provided in Section 330 of the Public Health Service Act (42 U.S.C. 254(b));
53 (d) Federally qualified health centers as defined in Section 1905(l) (42
54 U.S.C. 1396d(l)) of the Social Security Act;
55 (e) Governmental entities, including county health departments; or
56 (f) The United States Veterans Bureau; or
57 (10) A dentist licensed in a state other than Missouri to evaluate a patient
58 or render an oral, written, or otherwise documented dental opinion when
59 providing testimony or records for the purpose of a civil or criminal action before
60 any judicial or administrative proceeding of this state or other forum in this
61 state.

62 [2.] 3. No corporation shall practice dentistry as defined in section
63 332.071 unless that corporation is organized under the provisions of chapter 355
64 or 356 provided that a corporation organized under the provisions of chapter 355
65 and qualifying as an organization under 26 U.S.C. Section 501(c)(3) may only
66 employ dentists and dental hygienists licensed in this state to render dental
67 services to Medicaid recipients, low-income individuals who have available income
68 below two hundred percent of the federal poverty level, and all participants in the
69 SCHIP program, unless such limitation is contrary to or inconsistent with federal
70 or state law or regulation. This subsection shall not apply to:

71 (1) A hospital licensed under chapter 197 that provides care and
72 treatment only to children under the age of eighteen at which a person regulated
73 under this chapter provides dental care within the scope of his or her license or
74 registration;

75 (2) A federally qualified health center as defined in Section 1905(l) of the
76 Social Security Act (42 U.S.C. 1396(d)(l)), or a migrant, community, or health care
77 for the homeless health center provided for in Section 330 of the Public Health
78 Services Act (42 U.S.C. 254(b)) at which a person regulated under this chapter
79 provides dental care within the scope of his or her license or registration;

80 (3) A city or county health department organized under chapter 192 or
81 chapter 205 at which a person regulated under this chapter provides dental care
82 within the scope of his or her license or registration;

83 (4) A social welfare board organized under section 205.770, a city health
84 department operating under a city charter, or a city-county health department at

85 which a person regulated under this chapter provides dental care within the
86 scope of his or her license or registration;

87 (5) Any entity that has received a permit from the dental board and does
88 not receive compensation from the patient or from any third party on the patient's
89 behalf at which a person regulated under this chapter provides dental care within
90 the scope of his or her license or registration;

91 (6) Any hospital nonprofit corporation exempt from taxation under Section
92 501(c)(3) of the Internal Revenue Code, as amended, that engages in its
93 operations and provides dental services at facilities owned by a city, county, or
94 other political subdivision of the state at which a person regulated under this
95 chapter provides dental care within the scope of his or her license or registration.
96 If any of the entities exempted from the requirements of this subsection are
97 unable to provide services to a patient due to the lack of a qualified provider and
98 a referral to another entity is made, the exemption shall extend to the person or
99 entity that subsequently provides services to the patient.

100 [3.] 4. No unincorporated organization shall practice dentistry as defined
101 in section 332.071 unless such organization is exempt from federal taxation under
102 Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and provides
103 dental treatment without compensation from the patient or any third party on
104 their behalf as a part of a broader program of social services including food
105 distribution. Nothing in this chapter shall prohibit organizations under this
106 subsection from employing any person regulated by this chapter.

107 [4.] 5. A dentist shall not enter into a contract that allows a person who
108 is not a dentist to influence or interfere with the exercise of the dentist's
109 independent professional judgment.

110 [5.] 6. A not-for-profit corporation organized under the provisions of
111 chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3),
112 an unincorporated organization operating pursuant to subsection [3] 4 of this
113 section, or any other person should not direct or interfere or attempt to direct or
114 interfere with a licensed dentist's professional judgment and competent practice
115 of dentistry. Nothing in this subsection shall be so construed as to make it
116 unlawful for not-for-profit organizations to enforce employment contracts,
117 corporate policy and procedure manuals, or quality improvement or assurance
118 requirements.

119 [6.] 7. All entities defined in subsection [2] 3 of this section and those
120 exempted under subsection [3] 4 of this section shall apply for a permit to employ
121 dentists and dental hygienists licensed in this state to render dental services, and

122 the entity shall apply for the permit in writing on forms provided by the Missouri
123 dental board. The board shall not charge a fee of any kind for the issuance or
124 renewal of such permit. The provisions of this subsection shall not apply to a
125 federally qualified health center as defined in Section 1905(l) of the Social
126 Security Act (42 U.S.C. 1396d(l)).

127 [7.] 8. Any entity that obtains a permit to render dental services in this
128 state is subject to discipline pursuant to section 332.321. If the board concludes
129 that the person or entity has committed an act or is engaging in a course of
130 conduct that would be grounds for disciplinary action, the board may file a
131 complaint before the administrative hearing commission. The board may refuse
132 to issue or renew the permit of any entity for one or any combination of causes
133 stated in subsection 2 of section 332.321. The board shall notify the applicant in
134 writing of the reasons for the refusal and shall advise the applicant of his or her
135 right to file a complaint with the administrative hearing commission as provided
136 by chapter 621.

137 [8.] 9. A federally qualified health center as defined in Section 1905(l) of
138 the Social Security Act (42 U.S.C. 1396d(l)) shall register with the board. The
139 information provided to the board as part of the registration shall include the
140 name of the health center, the nonprofit status of the health center, sites where
141 dental services will be provided, and the names of all persons employed by, or
142 contracting with, the health center who are required to hold a license pursuant
143 to this chapter. The registration shall be renewed every twenty-four
144 months. The board shall not charge a fee of any kind for the issuance or renewal
145 of the registration. The registration of the health center shall not be subject to
146 discipline pursuant to section 332.321. Nothing in this subsection shall prohibit
147 disciplinary action against a licensee of this chapter who is employed by, or
148 contracts with, such health center for the actions of the licensee in connection
149 with such employment or contract. All licensed persons employed by, or
150 contracting with, the health center shall certify in writing to the board at the
151 time of issuance and renewal of the registration that the facility of the health
152 center meets the same operating standards regarding cleanliness, sanitation, and
153 professionalism as would the facility of a dentist licensed by this chapter. The
154 board shall promulgate rules regarding such standards.

155 [9.] 10. The board may promulgate rules and regulations to ensure not-
156 for-profit corporations are rendering care to the patient populations as set forth
157 herein, including requirements for covered not-for-profit corporations to report
158 patient census data to the board. The provisions of this subsection shall not

159 apply to a federally qualified health center as defined in Section 1905(l) of the
160 Social Security Act (42 U.S.C. 1396d(l)).

161 [10.] 11. All not-for-profit corporations organized or operated pursuant
162 to the provisions of chapter 355 and qualifying as an organization under 26
163 U.S.C. Section 501(c)(3), or the requirements relating to migrant, community, or
164 health care for the homeless health centers provided in Section 330 of the Public
165 Health Service Act (42 U.S.C. 254(b)) and federally qualified health centers as
166 defined in Section 1905(l) (42 U.S.C. 1396d(l)) of the Social Security Act, that
167 employ persons who practice dentistry or dental hygiene in this state shall do so
168 in accordance with the relevant laws of this state except to the extent that such
169 laws are contrary to, or inconsistent with, federal statute or regulation.

334.036. 1. For purposes of this section, the following terms shall mean:

2 (1) "Assistant physician", any medical school graduate who:

3 (a) Is a resident and citizen of the United States or is a legal resident
4 alien;

5 (b) Has successfully completed Step 1 and Step 2 of the United States
6 Medical Licensing Examination or the equivalent of such steps of any other
7 board-approved medical licensing examination within the two-year period
8 immediately preceding application for licensure as an assistant physician, but in
9 no event more than three years after graduation from a medical college or
10 osteopathic medical college;

11 (c) Has not completed an approved postgraduate residency and has
12 successfully completed Step 2 of the United States Medical Licensing
13 Examination or the equivalent of such step of any other board-approved medical
14 licensing examination within the immediately preceding two-year period unless
15 when such two-year anniversary occurred he or she was serving as a resident
16 physician in an accredited residency in the United States and continued to do so
17 within thirty days prior to application for licensure as an assistant physician; and

18 (d) Has proficiency in the English language[;].

19 **Any medical school graduate who could have applied for licensure and**
20 **complied with the provisions of this subdivision at any time between**
21 **August 28, 2014, and August 28, 2017, may apply for licensure and shall**
22 **be deemed in compliance with the provisions of this subdivision;**

23 (2) "Assistant physician collaborative practice arrangement", an
24 agreement between a physician and an assistant physician that meets the
25 requirements of this section and section 334.037;

26 (3) "Medical school graduate", any person who has graduated from a

27 medical college or osteopathic medical college described in section 334.031.

28 2. (1) An assistant physician collaborative practice arrangement shall
29 limit the assistant physician to providing only primary care services and only in
30 medically underserved rural or urban areas of this state or in any pilot project
31 areas established in which assistant physicians may practice.

32 (2) For a physician-assistant physician team working in a rural health
33 clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as
34 amended:

35 (a) An assistant physician shall be considered a physician assistant for
36 purposes of regulations of the Centers for Medicare and Medicaid Services (CMS);
37 and

38 (b) No supervision requirements in addition to the minimum federal law
39 shall be required.

40 3. (1) For purposes of this section, the licensure of assistant physicians
41 shall take place within processes established by rules of the state board of
42 registration for the healing arts. The board of healing arts is authorized to
43 establish rules under chapter 536 establishing licensure and renewal procedures,
44 supervision, collaborative practice arrangements, fees, and addressing such other
45 matters as are necessary to protect the public and discipline the profession. An
46 application for licensure may be denied or the licensure of an assistant physician
47 may be suspended or revoked by the board in the same manner and for violation
48 of the standards as set forth by section 334.100, or such other standards of
49 conduct set by the board by rule.

50 (2) Any rule or portion of a rule, as that term is defined in section
51 536.010, that is created under the authority delegated in this section shall
52 become effective only if it complies with and is subject to all of the provisions of
53 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
54 nonseverable and if any of the powers vested with the general assembly under
55 chapter 536 to review, to delay the effective date, or to disapprove and annul a
56 rule are subsequently held unconstitutional, then the grant of rulemaking
57 authority and any rule proposed or adopted after August 28, 2014, shall be
58 invalid and void.

59 4. An assistant physician shall clearly identify himself or herself as an
60 assistant physician and shall be permitted to use the terms "doctor", "Dr.", or
61 "doc". No assistant physician shall practice or attempt to practice without an
62 assistant physician collaborative practice arrangement, except as otherwise
63 provided in this section and in an emergency situation.

64 5. The collaborating physician is responsible at all times for the oversight
65 of the activities of and accepts responsibility for primary care services rendered
66 by the assistant physician.

67 6. The provisions of section 334.037 shall apply to all assistant physician
68 collaborative practice arrangements. To be eligible to practice as an assistant
69 physician, a licensed assistant physician shall enter into an assistant physician
70 collaborative practice arrangement within six months of his or her initial
71 licensure and shall not have more than a six-month time period between
72 collaborative practice arrangements during his or her licensure period. Any
73 renewal of licensure under this section shall include verification of actual practice
74 under a collaborative practice arrangement in accordance with this subsection
75 during the immediately preceding licensure period.

 345.051. 1. Every person licensed or registered pursuant to the provisions
2 of sections 345.010 to 345.080 shall renew the license or registration on or before
3 the renewal date. Such renewal date shall be determined by the board, **but shall**
4 **be no less than three years.** The application shall be made on a form
5 furnished by the board. The application shall include, but not be limited to,
6 disclosure of the applicant's full name and the applicant's office and residence
7 addresses and the date and number of the applicant's license or registration, all
8 final disciplinary actions taken against the applicant by any
9 speech-language-hearing association or society, state, territory or federal agency
10 or country and information concerning the applicant's current physical and
11 mental fitness to practice.

12 2. A blank form for application for license or registration renewal shall be
13 mailed to each person licensed or registered in this state at the person's last
14 known office or residence address. The failure to mail the form of application or
15 the failure to receive it does not, however, relieve any person of the duty to renew
16 the license or registration and pay the fee required by sections 345.010 to 345.080
17 for failure to renew the license or registration.

18 3. An applicant for renewal of a license or registration under this section
19 shall:

20 (1) Submit an amount established by the board; and

21 (2) Meet any other requirements the board establishes as conditions for
22 license or registration renewal, including the demonstration of continued
23 competence to practice the profession for which the license or registration is
24 issued. A requirement of continued competence may include, but is not limited
25 to, **up to thirty hours triennially of** continuing education, examination,

26 self-evaluation, peer review, performance appraisal or practical simulation.

27 4. If a license or registration is suspended pursuant to section 345.065,
28 the license or registration expires on the expiration date as established by the
29 board for all licenses and registrations issued pursuant to sections 345.010 to
30 345.080. Such license or registration may be renewed but does not entitle the
31 licensee to engage in the licensed or registered activity or in any other conduct
32 or activity which violates the order of judgment by which the license or
33 registration was suspended until such license or registration has been reinstated.

34 5. If a license or registration is revoked on disciplinary grounds pursuant
35 to section 345.065, the license or registration expires on the expiration date as
36 established by the board for all licenses and registrations issued pursuant to
37 sections 345.010 to 345.080. Such license or registration may not be renewed. If
38 a license or registration is reinstated after its expiration, the licensee, as a
39 condition of reinstatement, shall pay a reinstatement fee that is equal to the
40 renewal fee in effect on the last regular renewal date immediately preceding the
41 date of reinstatement plus any late fee established by the board.

 Section B. The enactment of section 197.005 and the repeal and
2 reenactment of sections 197.040, 197.050, 197.070, 197.071, 197.080, and 197.100
3 of this act shall become effective on July 1, 2018.

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